

*Michigan Department  
of Community Health*



**Jennifer M. Granholm, Governor**  
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**Family Support Subsidy Program**

**Annual Report**

**For**

**FY05**

## **FAMILY SUPPORT SUBSIDY PROGRAM**

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# **FAMILY SUPPORT SUBSIDY PROGRAM**

## **ANNUAL REPORT FOR FY05**

### **The Purpose of the Subsidy is to Keep Families Together**

Supporting families is a priority of Michigan's public mental health system, as evidenced by the Family Support Subsidy Program (FSSP). Michigan's philosophy is that children with developmental disabilities, like all children, need loving and enduring family relationships. For over two decades, the Michigan Department of Community Health's policy has been that children should be supported to live with their families. If out-of-home placement becomes necessary, it should be temporary and time-limited with a goal of family reunification or, for some children, adoption. Permanency planning practices within Michigan's public mental health system have supported this guiding principle by enabling families to keep their children out of institutional settings and other out-of-home placements.

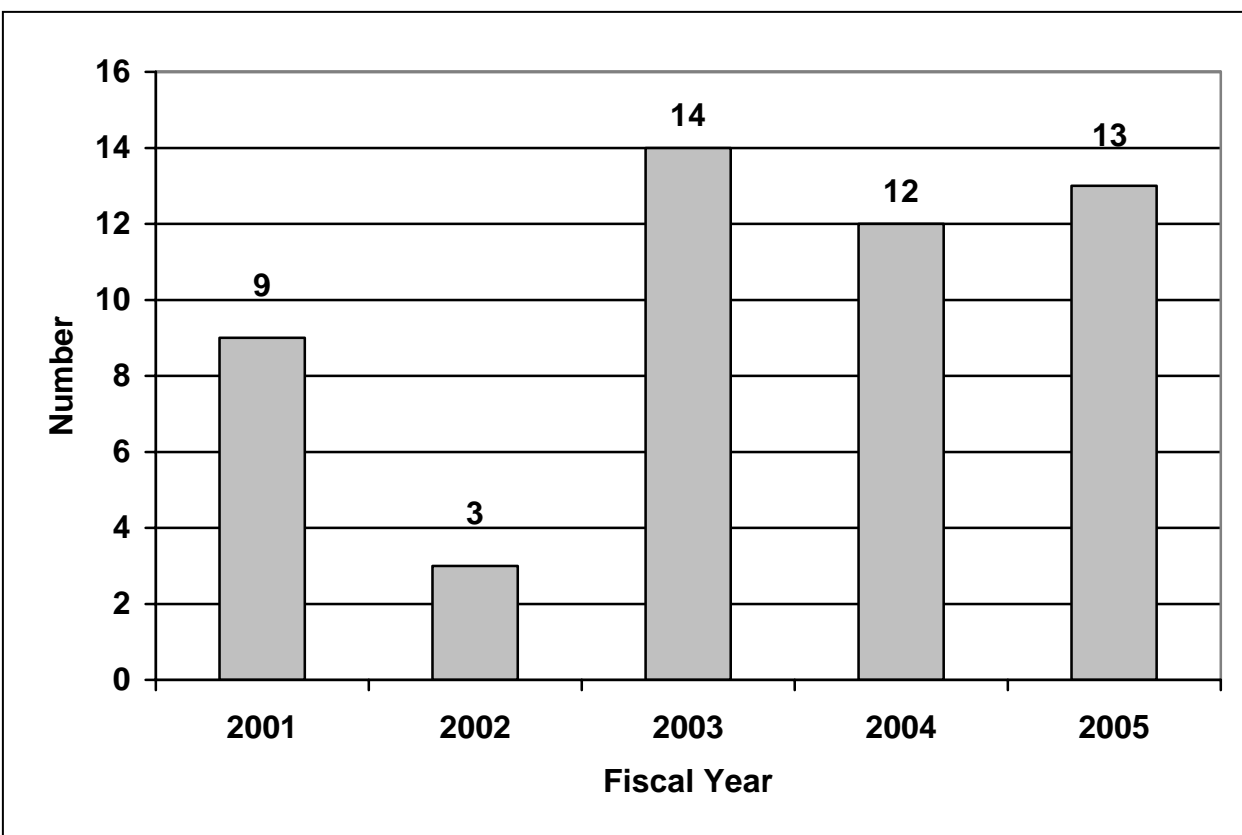
The Family Support Subsidy Act, Public Act 249 of 1983, was the beginning of a major shift of Michigan's mental health resources and services toward supporting, maintaining, and establishing permanent family relationships for children with severe developmental disabilities. The FSSP provides an essential support for families of children with developmental disabilities to assist with the extraordinary expenses associated with raising them. Unlike typically developing children, children with severe developmental disabilities often need lifetime support for daily activities such as walking, feeding, or dressing. Often, they have both mental and physical impairments and require 24-hour care. As a result, the families of children with severe developmental disabilities have many expenses that other families do not. This program recognizes that these families have unique needs; it empowers families to decide what is needed to support the care of their children.

The subsidy enables families to stay together and allows them the flexibility to purchase goods and services locally that best meet the needs of their children and families. Children who live with their families thrive within their home environment. Parents want their children at home and can fulfill their parenting roles. Finally, it is less expensive for taxpayers than residential care.

❖ **Thirteen children with severe disabilities were reunited with their families in FY05.**

Two children returned home for the first time this fiscal year and received the one-time double subsidy payment. Eleven children went home to their families, after an absence, and were returned to the subsidy program. Four children who had been enrolled in the subsidy program and then placed out-of-home were adopted in FY05. Figure 1 presents the number of children reunited with their families over the last five years.

**Figure 1 Number of Subsidy Program Families Reunited**



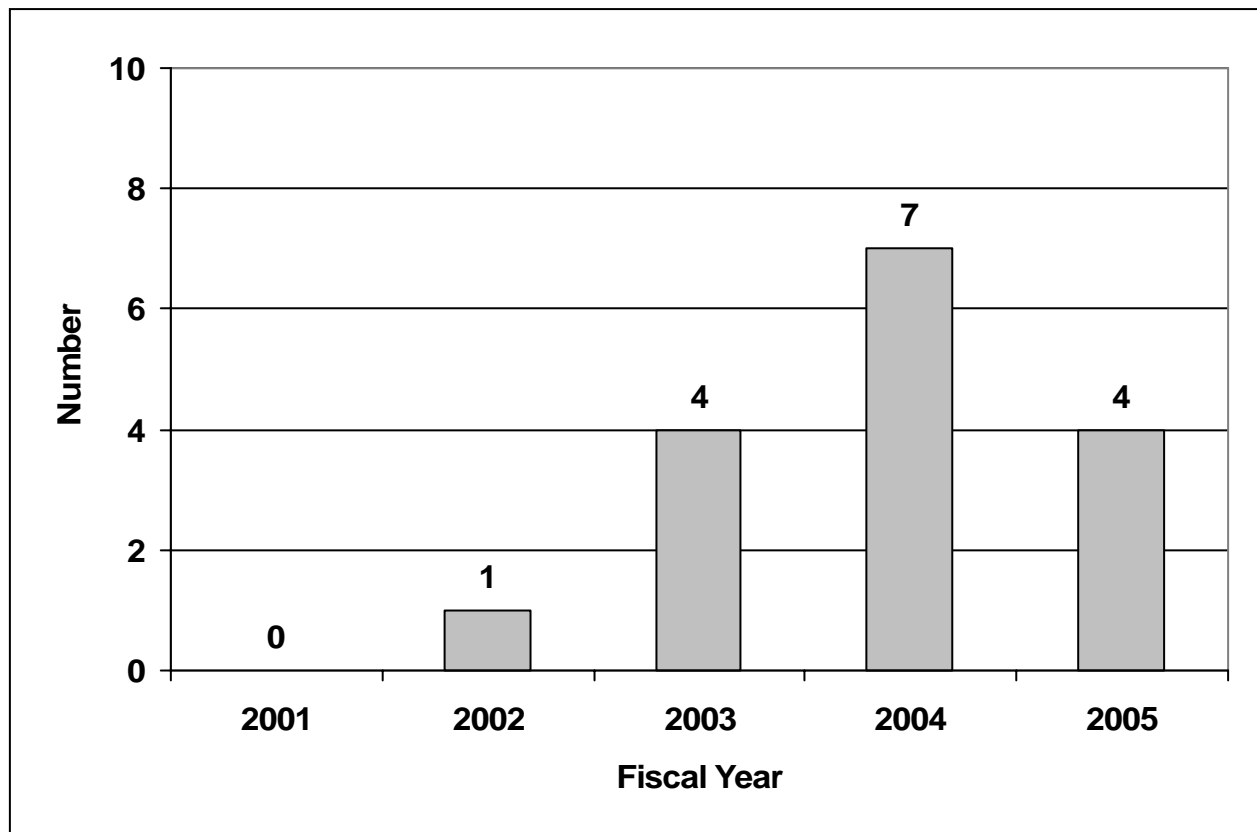
My life and my son's life are so much better since we have been getting the subsidy. I can do more things with him and it's a lot less stressful. Everyone I have come in contact with has been so nice and understanding and patient with me. Please keep up the kind work because kindness is one thing this world could use more of. Thank you.

A Family Served by Macomb County Community Mental Health Services

- ❖ **The number of children with severe disabilities in institutions decreased from 104 in FY85 to 4 children in FY05.**

The subsidy continues to be instrumental in preventing children from being placed in institutions. When the subsidy program began in 1984, 104 children younger than age 18 were living in centers for developmental disabilities. The number of children living in these centers has declined steadily over the 21 years that the subsidy program has been in place. Only five youths resided in a center for developmental disabilities in FY05, with one returning home during the year. Only two children were admitted to nursing homes in FY05. Figure 2 presents the number of children living in centers for developmental disabilities during the last five years.

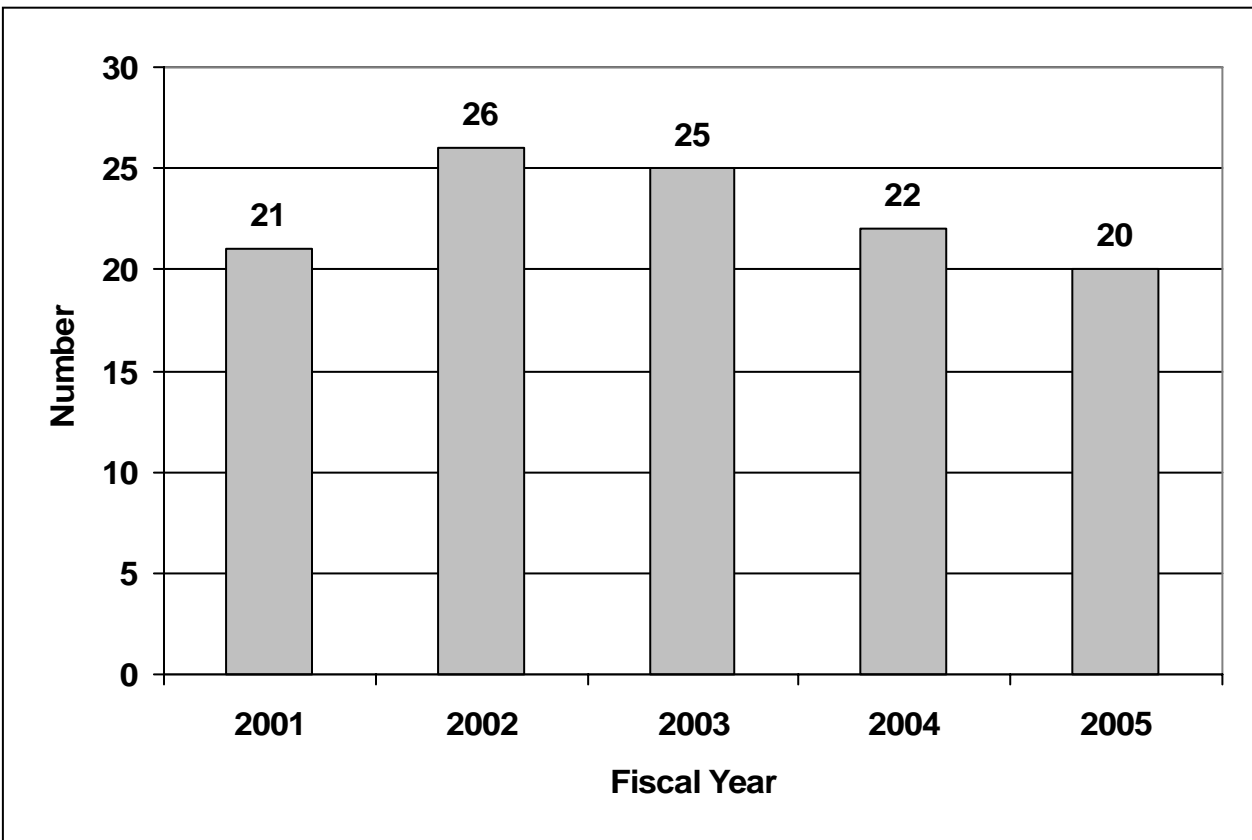
**Figure 2 Number of Children in Centers for Developmental Disabilities**



❖ **Twenty out of 6,675 children in the subsidy program had out-of-home placements during FY05.**

Follow-up at the end of the fiscal year indicated that seven children placed during the year had returned home. The number of children enrolled in the subsidy program who have been placed out-of-home has dropped from a high of 45 (in FY86) to 20 in FY05. Figure 3 presents the number of children enrolled in the subsidy program who were placed out-of-home during the last five years.

**Figure 3 Number of Children Enrolled in the Subsidy Placed Out-of-Home**



On this day I had planned to give my child up for adoption. It had become unbearable. Finally we had gotten the check in the mail. It wasn't a great deal but at least we didn't have to rely on family completely for free babysitting any more. At least our family can stay together for now (with the help of the subsidy).

A Family Served by Lifeways

## The Program

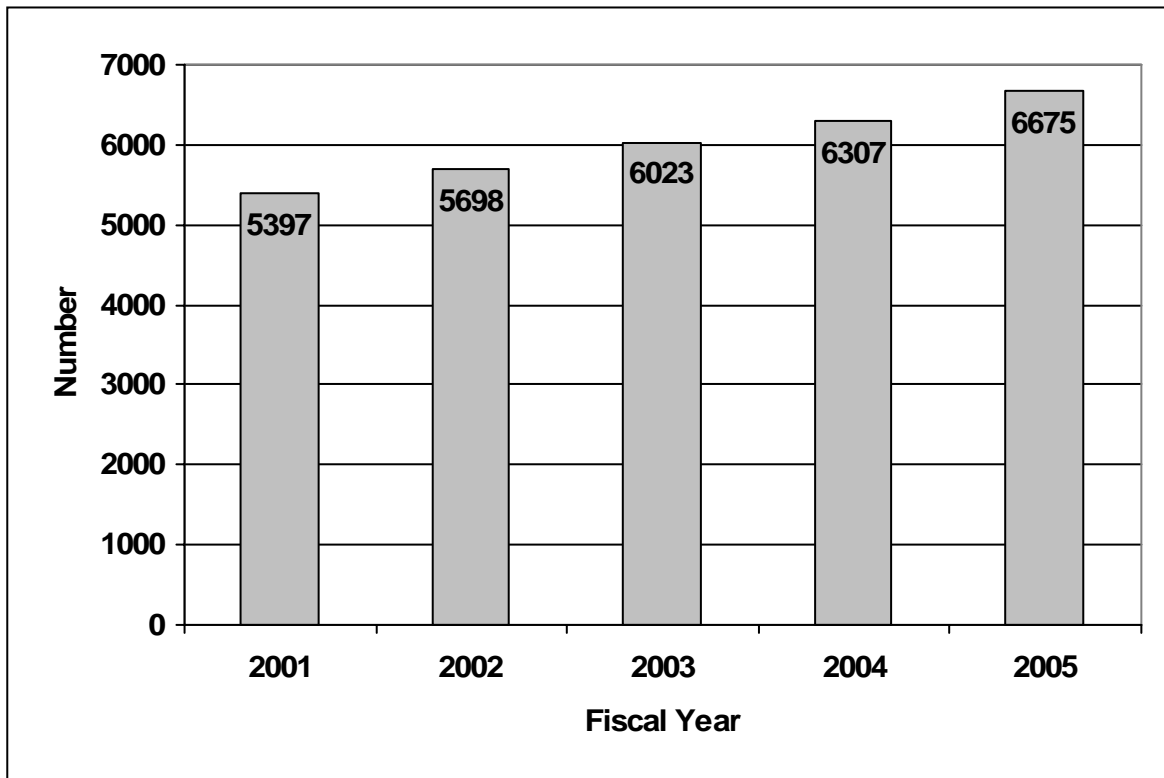
### ❖ 6,675 children with severe disabilities received the subsidy in FY05.

During FY05, 6,675 children were enrolled in the subsidy program. In FY85, the first year of the program, 2,530 children were enrolled. On average, the number of children enrolled in the program has increased every year by five percent. Between FY85 and FY05, the program has increased its enrollment by 163.8 percent. In FY05, 1,273 children were enrolled in the subsidy program for the first time. Of the new applicants, 287 (22.5 percent) were under age four and 986 (77.5 percent) were ages 4 to 17.

The number of newly enrolled children in each educational eligibility category was: 170 in the severe cognitive impairment category (13.4 percent); 331 in the severe multiple impairments category (26 percent); and 772 in the autism spectrum disorder category (60.6 percent). Figure 4 presents the number of children enrolled in the subsidy program during the last five years.

To be eligible for the subsidy program, the child must live in Michigan with a birth parent, adoptive parent, or legal guardian. By law, the Michigan taxable income for the family cannot exceed \$60,000. In addition, when applying for the subsidy, the family cannot have an open medical subsidy case with the Adoption Subsidy Program (administered by the Department of Human Services).

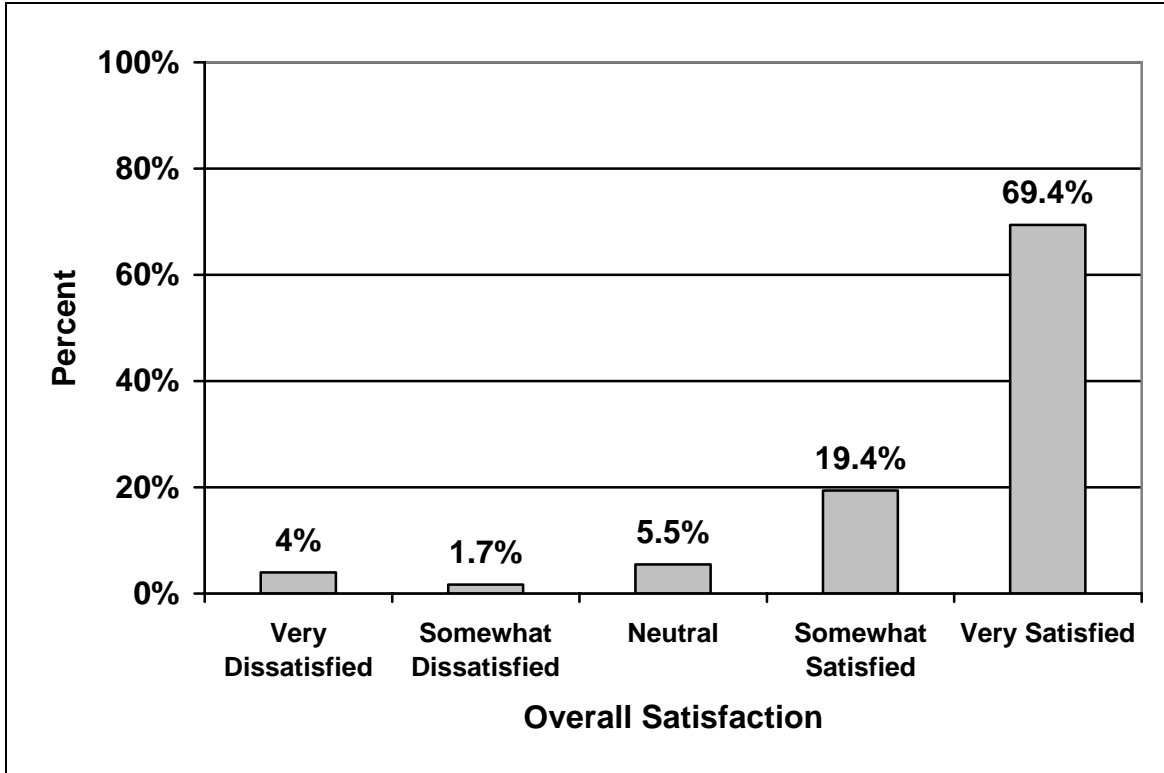
**Figure 4 Number of Children Enrolled by Year**



❖ **Families are satisfied with their experience.**

The subsidy is paid to the parent or legal guardian on behalf of the child. Checks are mailed to families monthly. The subsidy income is not taxable and families may use the subsidy for any purpose that helps them care for their child. Families were overwhelmingly satisfied with their overall experience with the subsidy program. Figure 5 illustrates families' satisfaction with the subsidy program in FY05.

**Figure 5 Families' Overall Satisfaction with the Subsidy Program in FY05**



As always the subsidy is greatly appreciated and extremely helpful towards making life as stress-free as possible. It helps defray the high cost of caring for an extremely disabled child. We are very grateful.

A Family Served by Northern Lakes Community Mental Health Authority

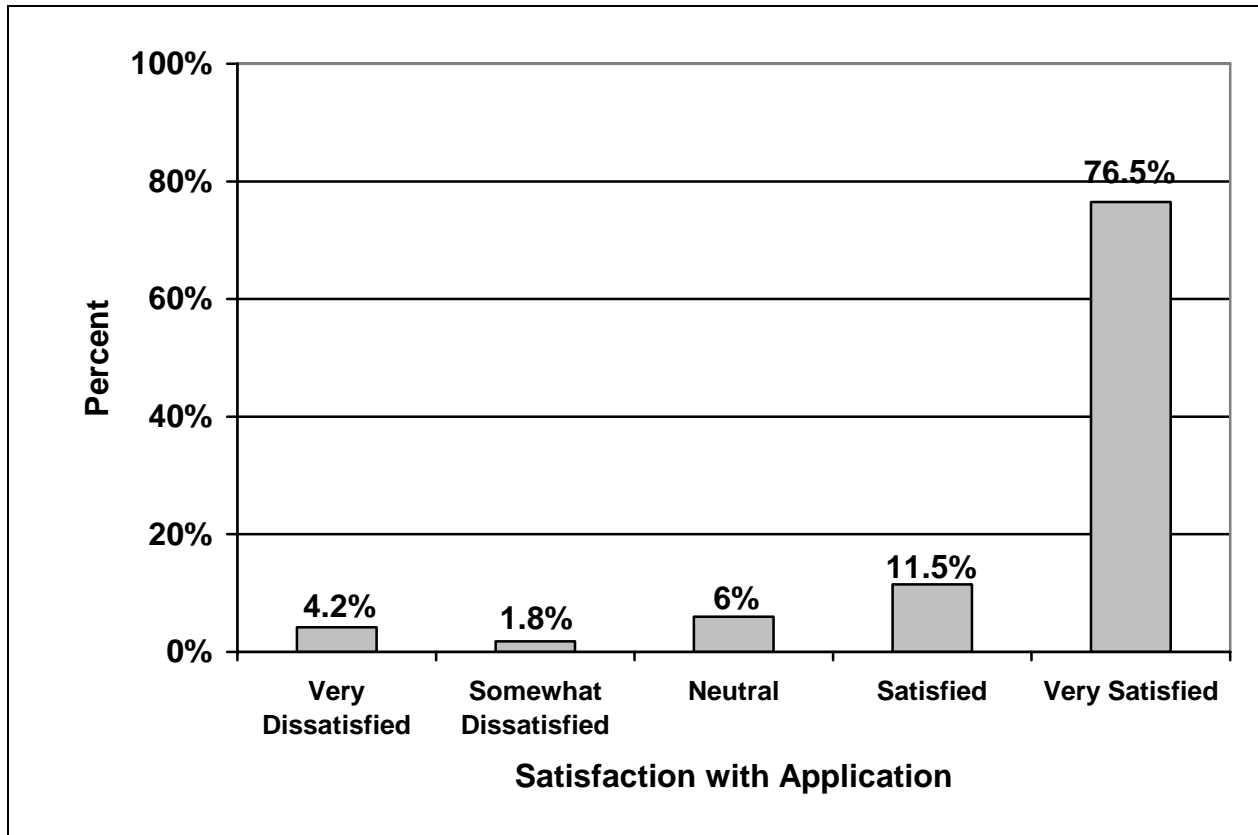


❖ **The application process is friendly and efficient.**

The application process was designed to be simple, logical, and include documents already available to families. The application form is one page and must be supported by a copy of the child's birth certificate to verify age, a copy of the family's Michigan income tax return to verify taxable income, and verification from the local school district of an eligible educational category. In addition, the child should have a Social Security number. Upon receipt of the completed application, the Community Mental Health Services Program (CMHSP) verifies the family's eligibility. Each year, in the birth month of their child, the family is required to re-verify eligibility for the program. Coverage in the program begins the month following the CMHSP's receipt of the completed application and supporting documentation.

Figure 6 shows families' responses about their satisfaction with the subsidy program application process in FY05. The majority of families (88 percent) were satisfied or very satisfied with the application process and how their application was handled by the CMHSP.

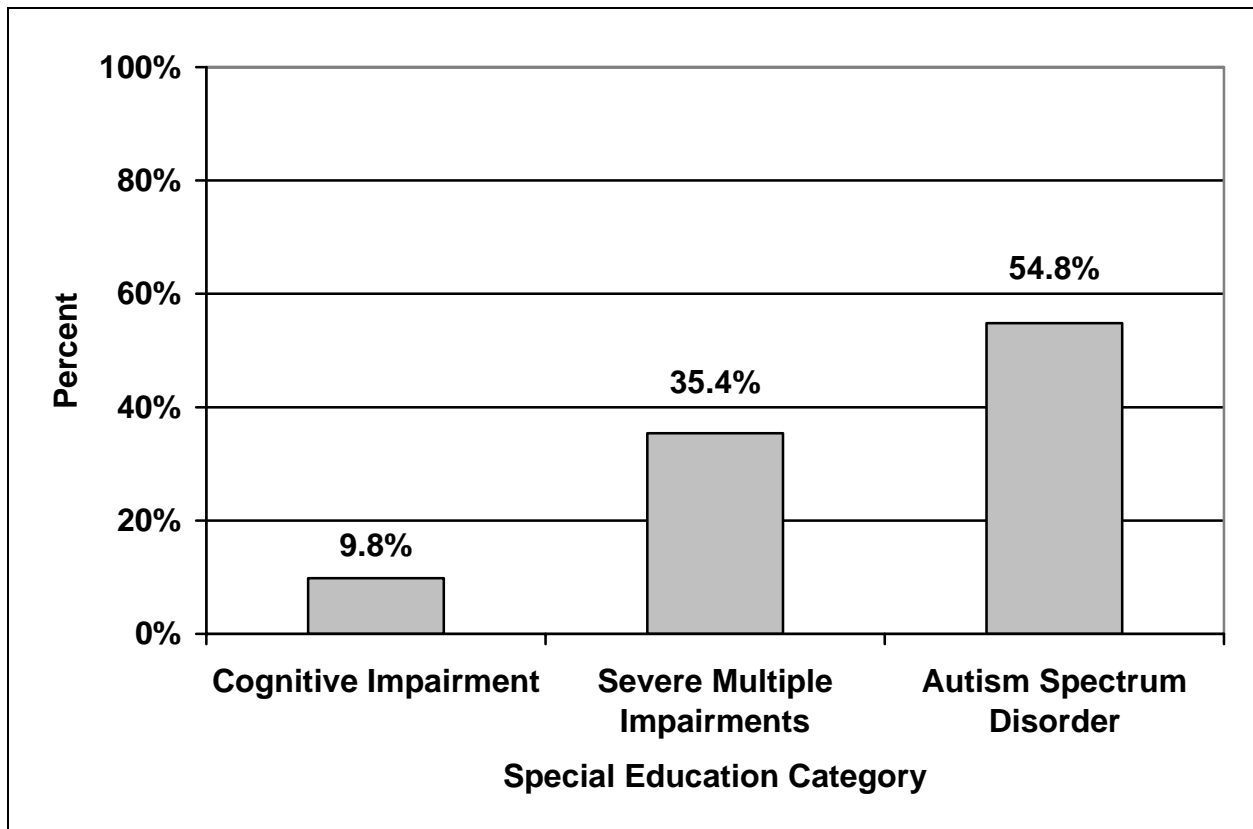
**Figure 6 Families' Satisfaction with the Application Process in FY05**



❖ **Only children with the most severe impairments are eligible.**

Families may be eligible for this program if they have a child under age 18 who has been recommended by a public school district's Multidisciplinary Evaluation Team (MET) as meeting the requirements for the special education categories of cognitive impairment, severe multiple impairments, or autism spectrum disorder. Children with an eligibility category of cognitive impairment may be eligible if their development is in the severe range of functioning as determined by the local or intermediate school district. Children with autism spectrum disorder must be receiving special education services in a program designed for students with autism spectrum disorder or in a program designed for students with severe cognitive impairment or severe multiple impairments. Figure 7 shows the distribution of children by educational eligibility category in FY05.

**Figure 7 Distribution of Children in the Subsidy Program by Special Education Category in FY05**



I am very grateful to receive this subsidy. Because of my son's many special needs it in no way covers all the expenses associated with his care but the certainty of it greatly reduces the financial stress on the family. I also like the simplicity of the application process and renewal (as compared to most other social programs). Thank you.

A Family Served by Washtenaw Community Health Organization

❖ **Payments are the same for all families.**

Payments are uniform for all families. Payments were \$222.11 per month in FY05. The original payment in FY85 was \$225.54. The Michigan Department of Community Health may decrease the amount after notifying the Governor and the House and Senate Appropriations Committees that available revenues are insufficient to cover the program's obligations. The department is not permitted to reduce the amount of the monthly payment by more than an aggregate of 25 percent in one fiscal year without written approval of the House and Senate Appropriations Committees.

In FY91, as a result of state budget reductions, payments were decreased to \$215.66 and then increased slightly to \$222.11 per month, where it remained throughout 2005. In addition to the decrease in the dollar amount of the subsidy, the purchasing power of these dollars has also declined over the years. In 2005, \$400.26 was needed to have the same buying power as \$225.54 in 1985. The rate may be increased annually by legislative appropriation to match the Supplemental Security Income (SSI) rate for an adult living in the household of another. The 2005 SSI rate in Michigan was \$386.00. FSSP is now funded entirely with federal dollars through the Temporary Assistance for Needy Families (TANF) program.

More than one-half of the families (62.4 percent) were satisfied with the amount of the subsidy (Figure 8, page 11). Families are also asked about the adequacy of the amount of the subsidy in helping them to care for their child with disabilities. Almost two-thirds (63.1 percent) of families said the amount of the subsidy was usually or always adequate to help them meet the needs of their children (Figure 9, page 11).

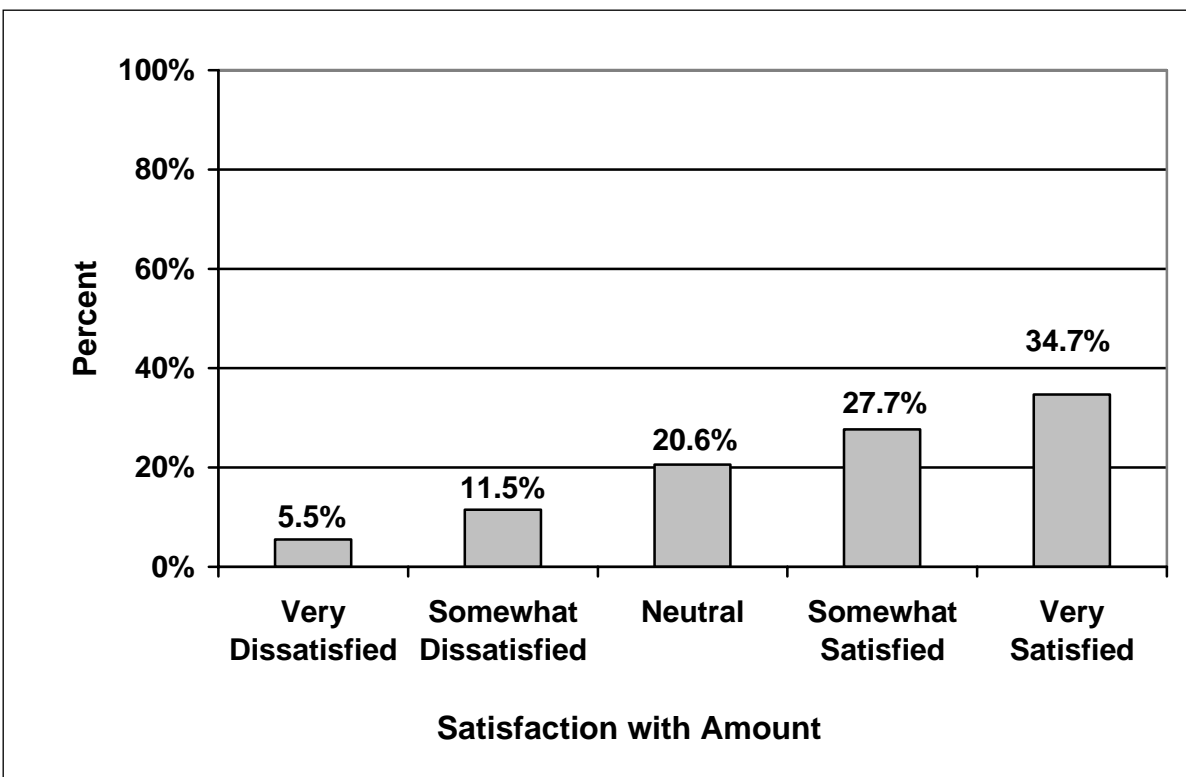
My husband and I are raising our special needs grandson. The FSSP helps us to be able to do some of the extra things such as a trip to the zoo, a train ride, a storybook, a puzzle, or a movie.

A Family Served by Macomb County Community Mental Health Services

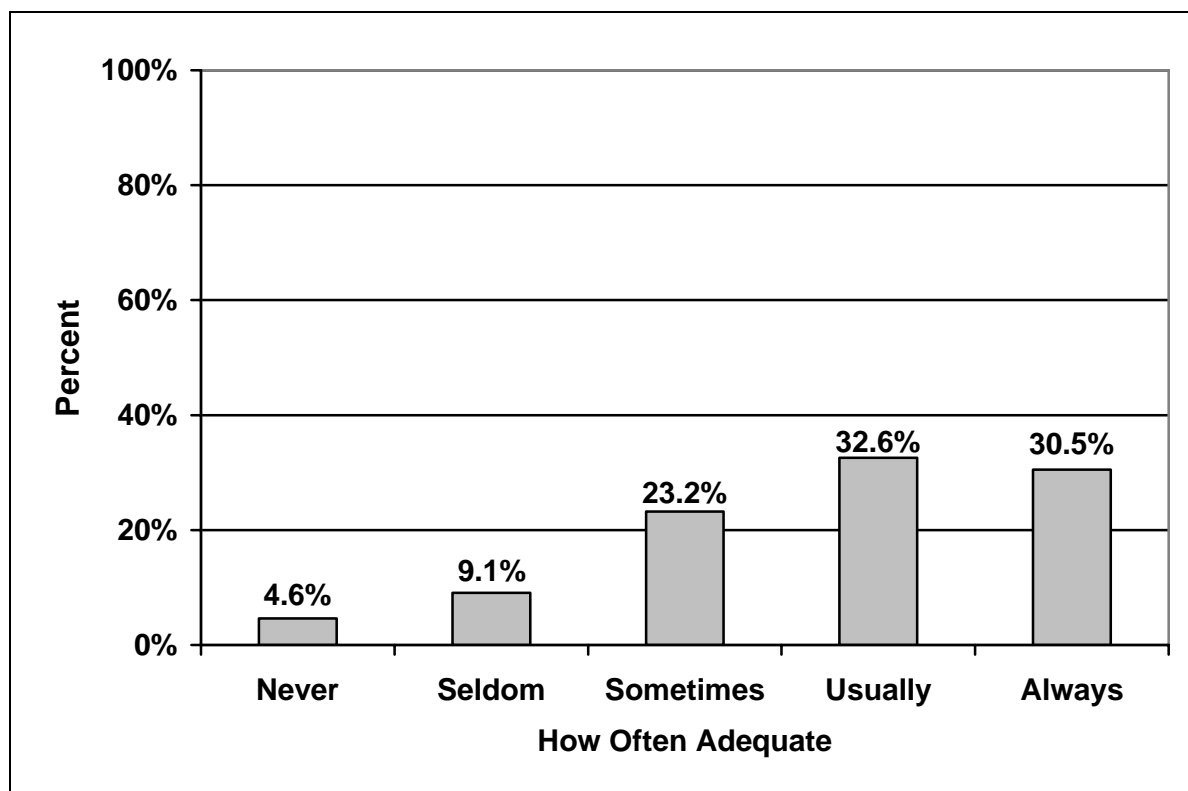
The family support subsidy program has helped our family so much. It has let us do more for our child and has eased much of our stress. We were able to get special speech therapy. So now our son is able to communicate with us. We have to buy special food for our child. It helps with that. We also have to get special daycare, which is very costly. It has improved our family life greatly! Thank You!

A Family Served by Ionia County Community Mental Health

**Figure 8 Families' Satisfaction with the Amount of the Subsidy in FY05**



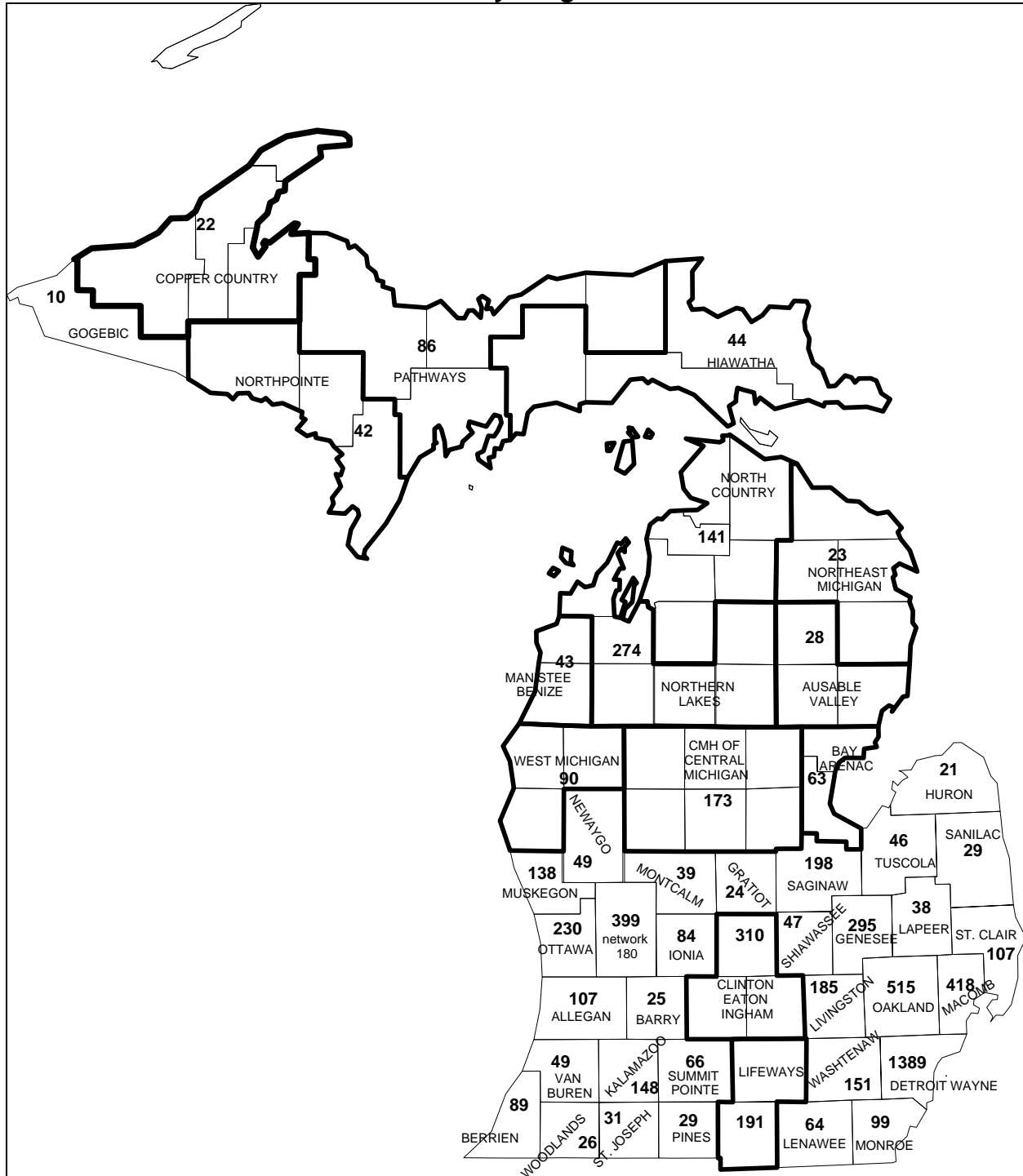
**Figure 9 Families' Ratings of the Adequacy of the Subsidy Amount in FY05**



❖ Families in every part of the state receive the subsidy.

Families in all parts of the state receive the subsidy. Figure 10 displays the distribution of children participating in the subsidy program by CMHSP catchment areas.

**Figure 10 Geographic Distribution of Children Enrolled in Family Support Subsidy Program**

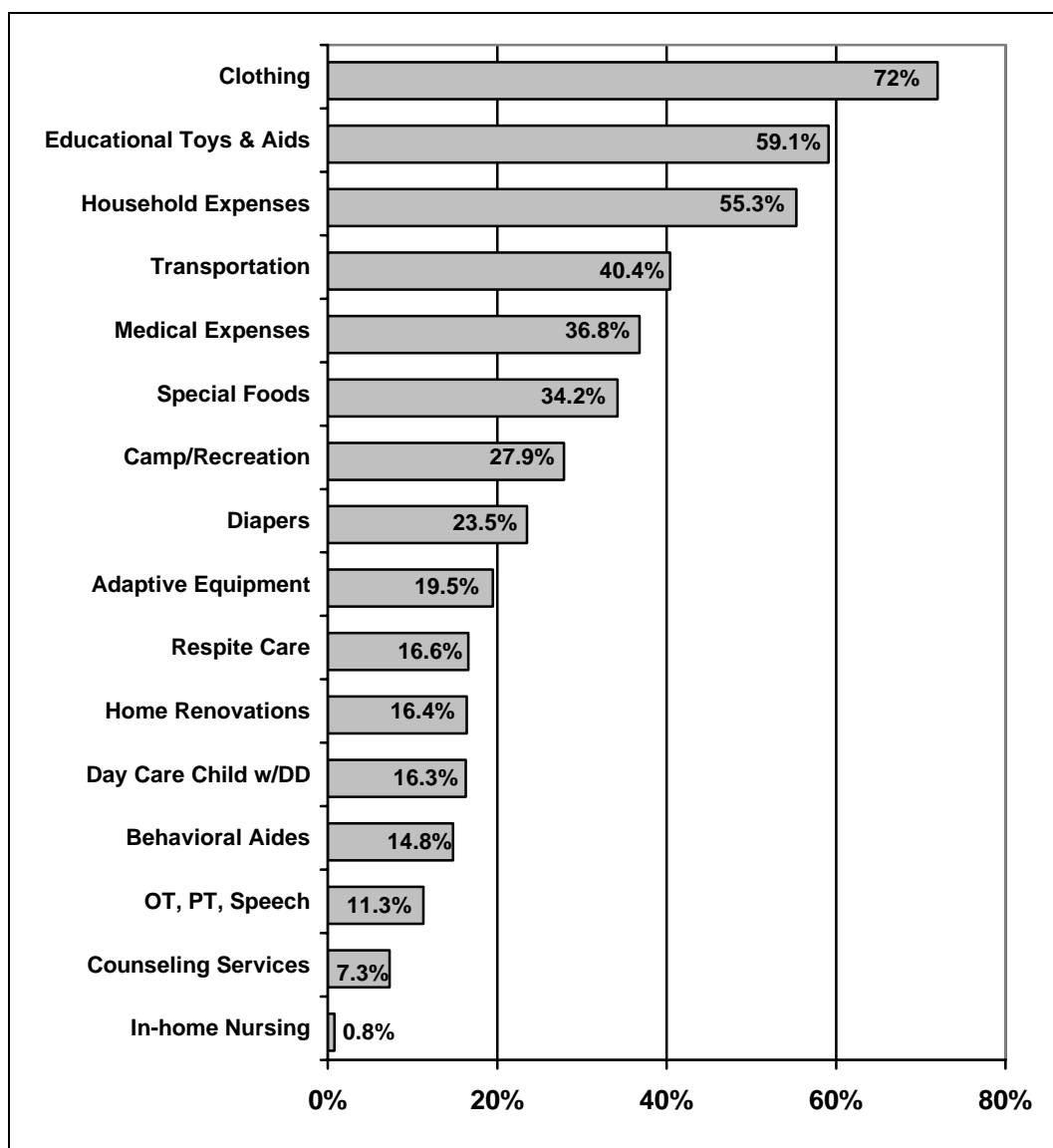


## What Families Say About the Program

### ❖ Families have flexibility in how they use the subsidy.

Families use the subsidy in a variety of ways to help care for their children. More than one-third of families indicated they are using the subsidy for clothing, toys, household expenses, transportation, medical expenses, and special foods for their child (Figure 11). When various types of respite (respite care and camp/recreation) are considered, 44.5 percent of families<sup>1</sup> used the subsidy for some form of respite.

**Figure 11 How Families Used the Subsidy in FY05**

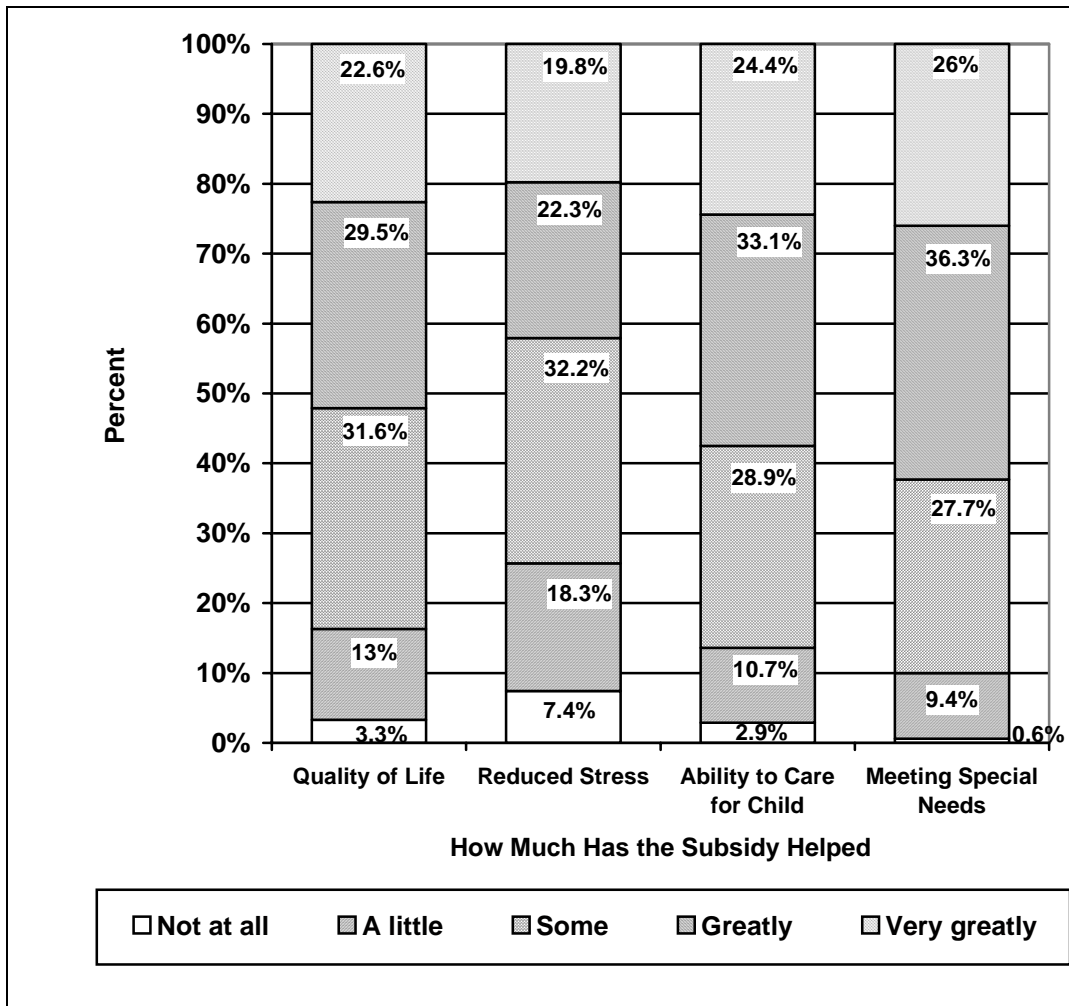


<sup>1</sup> Based on an unduplicated count of 849 families who used the subsidy for one or both services out of 2183 families who responded to the annual family survey.

❖ **The subsidy has positive effects on families.**

The subsidy program has a number of positive effects on families (Figure 12). Nearly two-thirds (62.3 percent) of the families indicated that the subsidy had greatly or very greatly helped them in meeting the special needs of their child. More than one-half indicated that the subsidy had greatly or very greatly improved their ability to care for their child (57.5 percent). Families indicated that having the subsidy had improved the quality of their family life (52.1 percent) and had reduced their stress (42.1 percent). The subsidy had the greatest impact on families in the lowest income category (less than \$19,999) in terms of families' perception of how helpful the subsidy has been in enabling them to meet the special needs of their child and improving their ability to care for their child.

**Figure 12 Subsidy Program's Effects on Families in FY05**



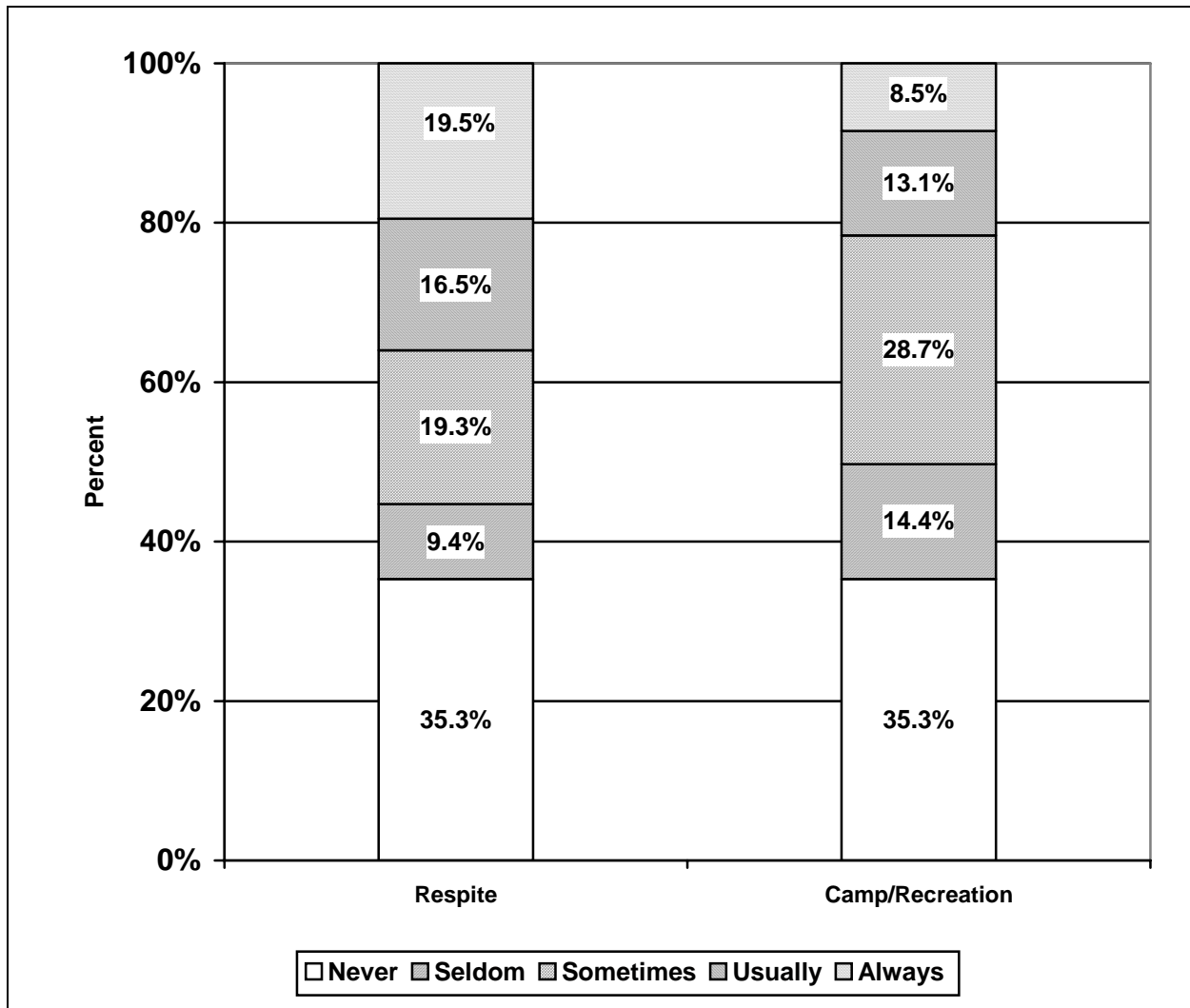
We just appreciate this opportunity. It makes us feel like someone supports us with our child. Our community mental health has been absolutely wonderful and our worker has gone out of her way and above and beyond. Thank you.

A Family Served by Community Mental Health Services of Muskegon County

❖ **Families need additional services and supports.**

The family questionnaire asked families to indicate the level of help they needed with 18 services/supports. Two of these services were respite and camp/recreation (Figure 13). More than one-half of families (55.3 percent) indicated that they sometimes, usually or always needed help with respite and with camp or recreational activities (50.3 percent) for their children.

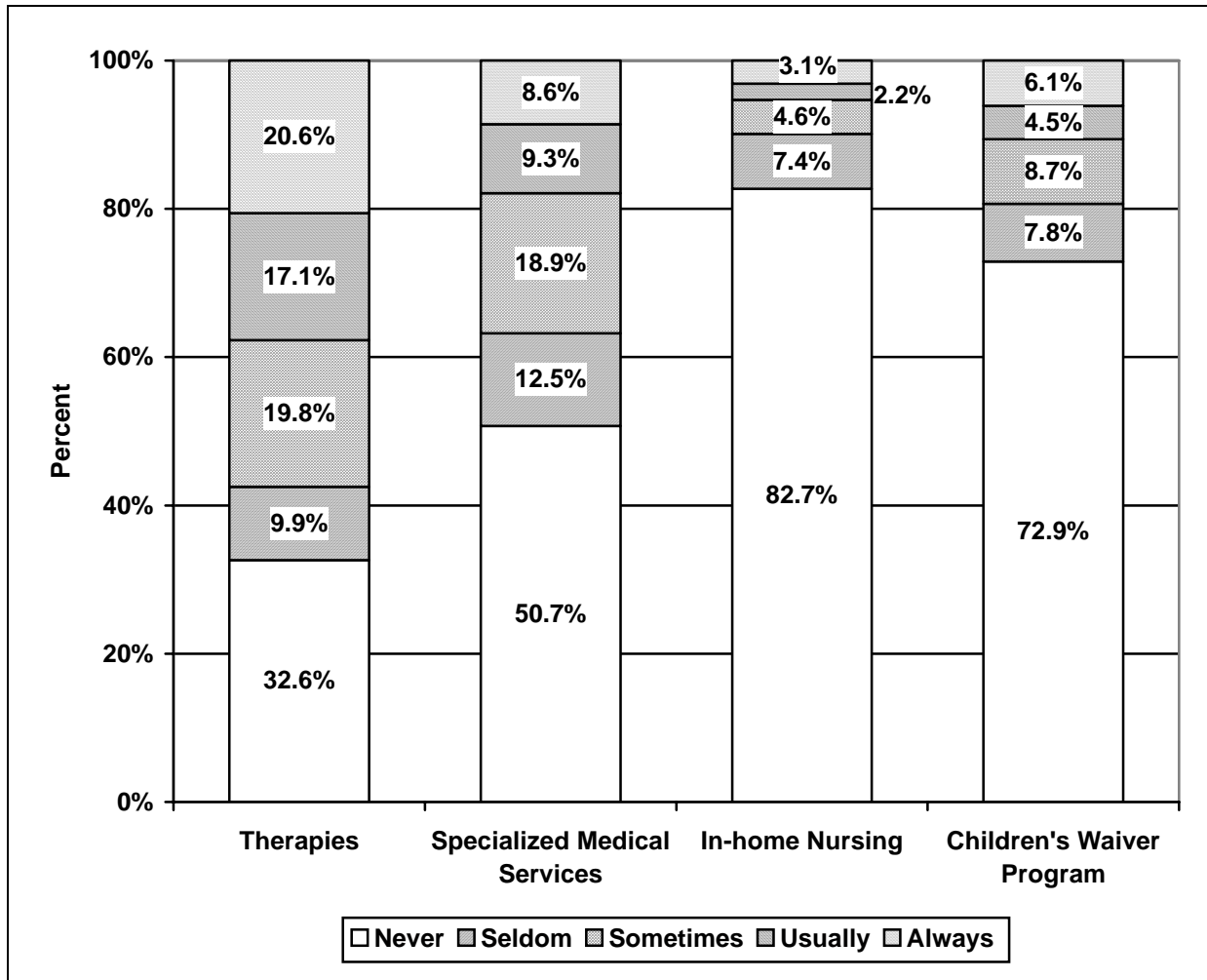
**Figure 13 Extent to Which Families Needed Help with Respite in FY05**





Three of the listed services addressed the need for specialized medical services, therapies (occupational therapy, physical therapy, and speech therapy), and in-home nursing (Figure 14). Over one-half of families (57.5 percent) indicated that they sometimes, usually or always needed help with obtaining occupational therapy, physical therapy, and speech therapy for their children. Over one-third (36.8 percent) said they needed help sometimes, usually, or always with specialized medical services. Very few families (9.9 percent) needed help with in-home nursing, while nearly one-fifth (19.3 percent) indicated needing help (enrolled and getting services) from the Children's Waiver Program.

**Figure 14 Extent to Which Families Needed Help with Medical Services in FY05**

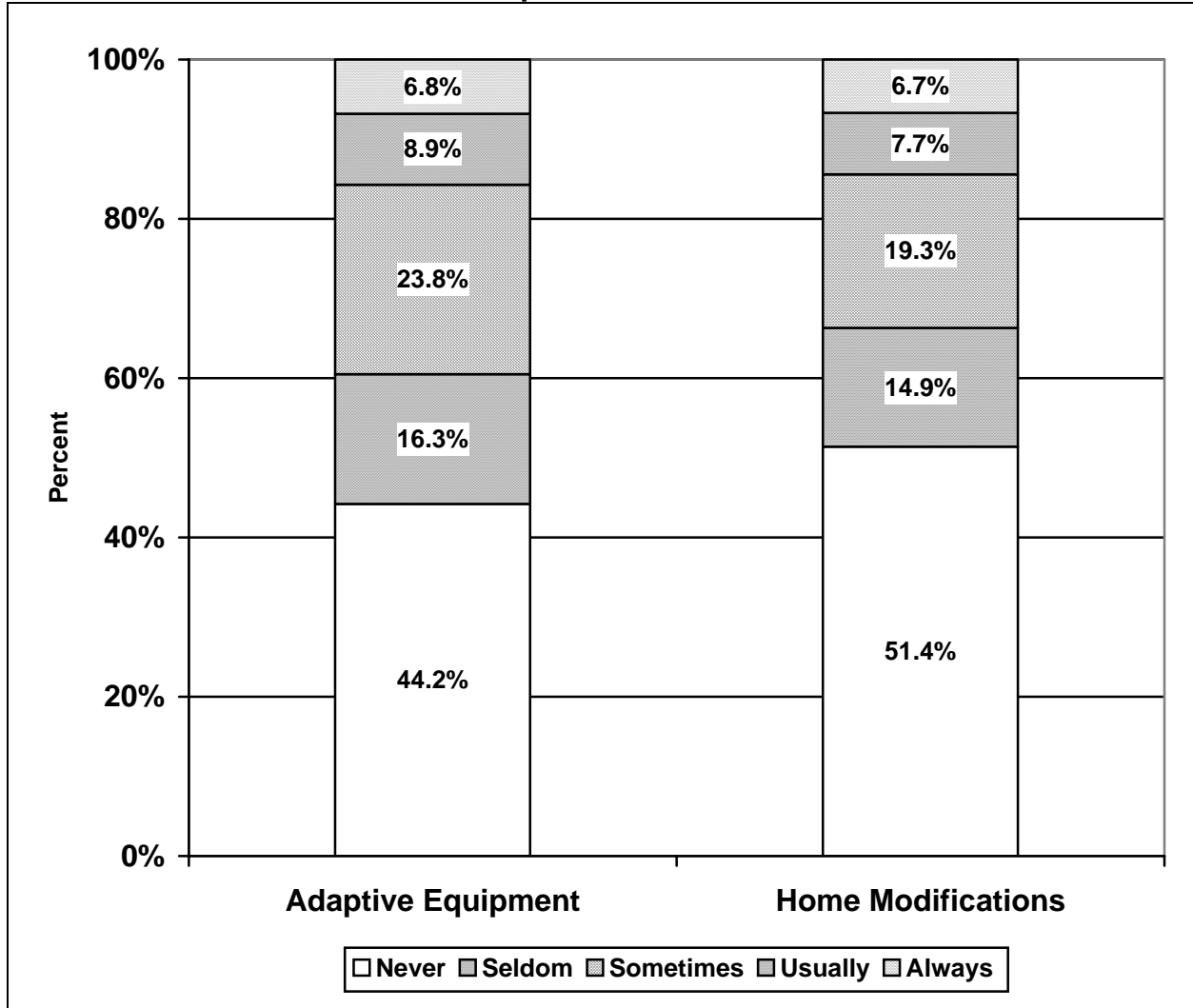


Thank you so much for providing the subsidy. Even though my husband and I both work and have insurance from both companies, neither will pay for the therapy our child needs (speech, occupational therapy). We are also still buying diapers for a 6+ year old. Without the subsidy it would be difficult for us to afford the speech and occupational therapy that is needed when our son is not in school for the summer. Also special educational materials and computer programs for kids with disabilities are very expensive. I believe the \$60,000 cut off is too low. Even those with that income still have problems affording what is needed!

Family Served by St. Clair County Mental Health Authority

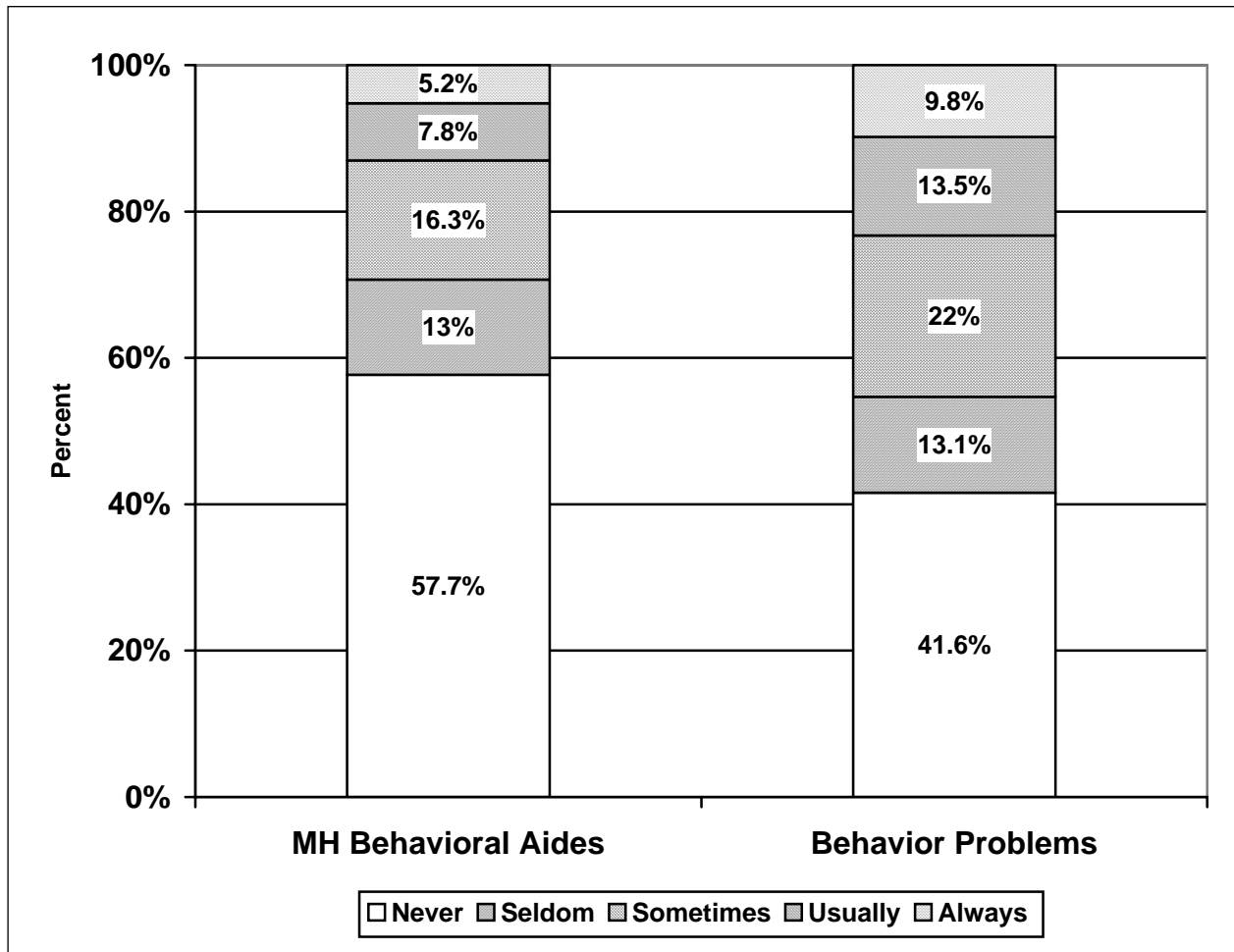
Families were asked about their need for help with adaptive equipment to assist their children in interacting with their environments. They were also asked about home modifications to make their homes accessible for their children (Figure 15). Many families indicated that they needed help sometimes, usually or always with adaptive equipment (39.5 percent) or home modifications (33.7 percent).

**Figure 15 Extent to Which Families Needed Help with Environment  
Adaptation in FY05**



For some children enrolled in the subsidy program, behavioral problems and management of these problems are substantial issues for their parents (Figure 16). Nearly one-third of families (29.3 percent) indicated that they sometimes, usually or always needed help from a mental health behavioral aide (mental health worker who would come into their homes to work with their children). Almost one-half (45.3 percent) of families indicated that they sometimes, usually or always needed training on managing behavioral problems.

**Figure 16 Extent to Which Families Needed Help with Behavior Problems in FY05**

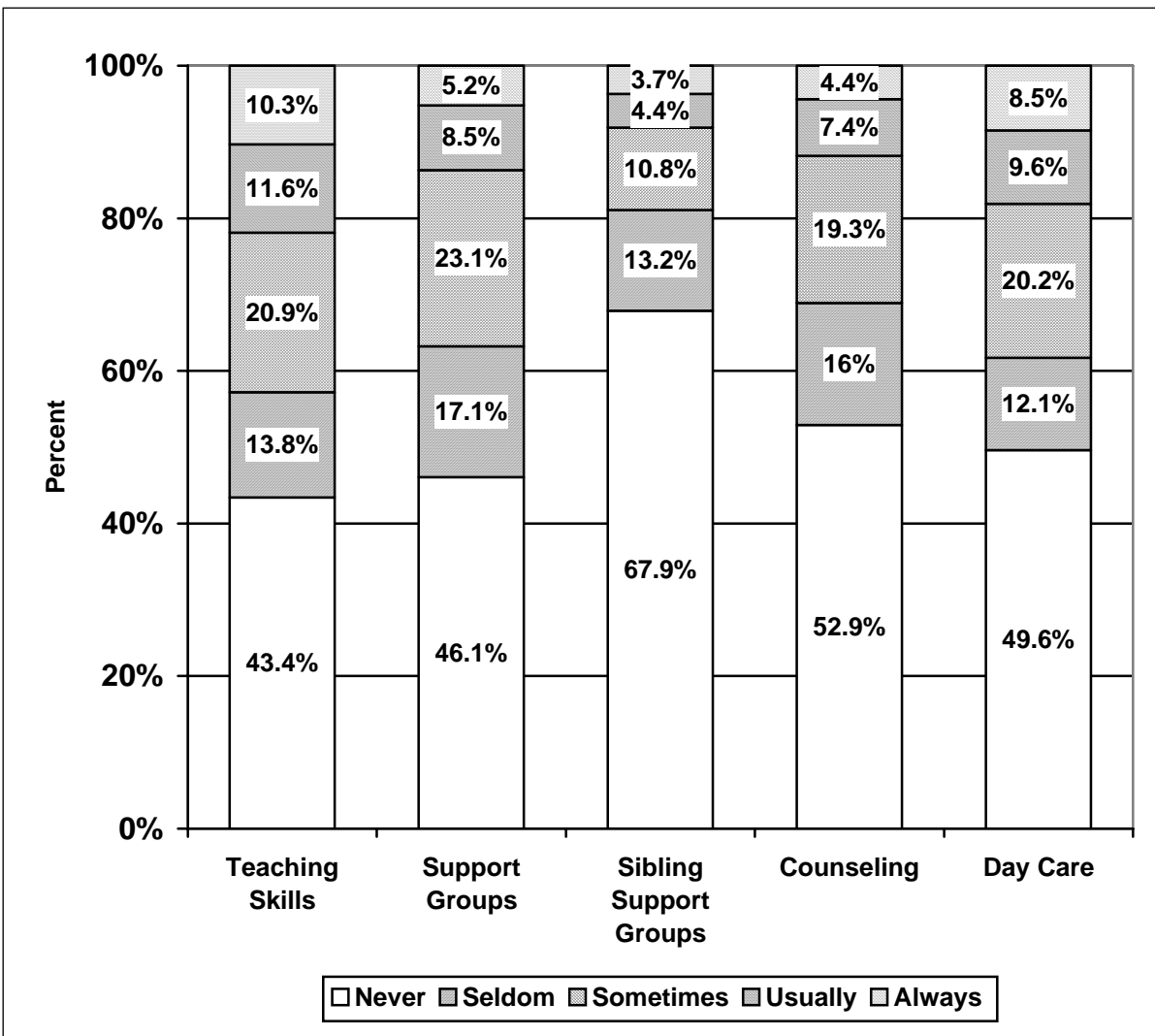


This program has been very helpful. We've been able to make life a lot easier and better for our child. The changes and help have made him more independent and confident.

A Family Served by Allegan County Community Mental Health Services

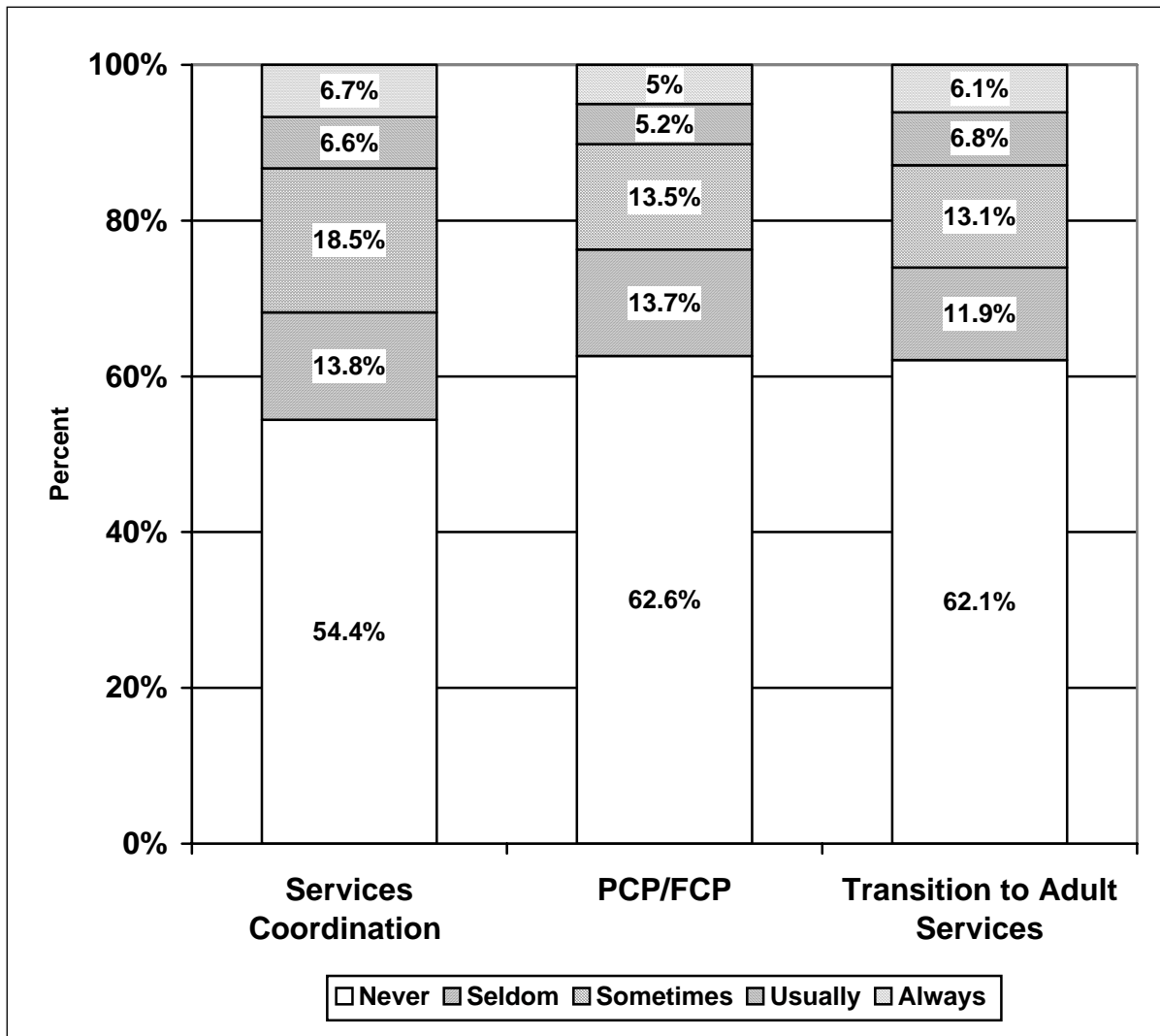
Families were asked about their need for five services aimed at assisting them in their efforts to raise their children: teaching skills, parent support groups, sibling support groups, counseling, and day care (Figure 17). Nearly one-half of the families indicated that they sometimes, usually or always needed help with learning how to teach basic skills to their children (42.8 percent). One-third indicated that they sometimes, usually, or always needed help with parent support groups (36.8 percent) and counseling (31.1 percent). Almost one-fifth of families needed help with support groups for their child's siblings (18.9 percent). More than one-third of families (38.3 percent) indicated that they sometimes, usually or always needed assistance with day care for their children with disabilities.

**Figure 17 Extent to Which Families Needed Help with Supports For Raising Their Children in FY05**



Families were also asked about three services related to planning and coordination: services coordination, person-centered planning/family-centered practice (PCP/FCP), and transition to adult services (Figure 18). Nearly one-third of the families indicated that they sometimes, usually, or always needed help with coordination of services (31.8 percent). Approximately one-quarter of families indicated that they sometimes, usually, or always needed help with PCP/FCP (23.7 percent) and transition to adult services for their child (26 percent).

**Figure 18 Extent to Which Families Needed Help with Planning and Coordination of Services for Their Children in FY05**



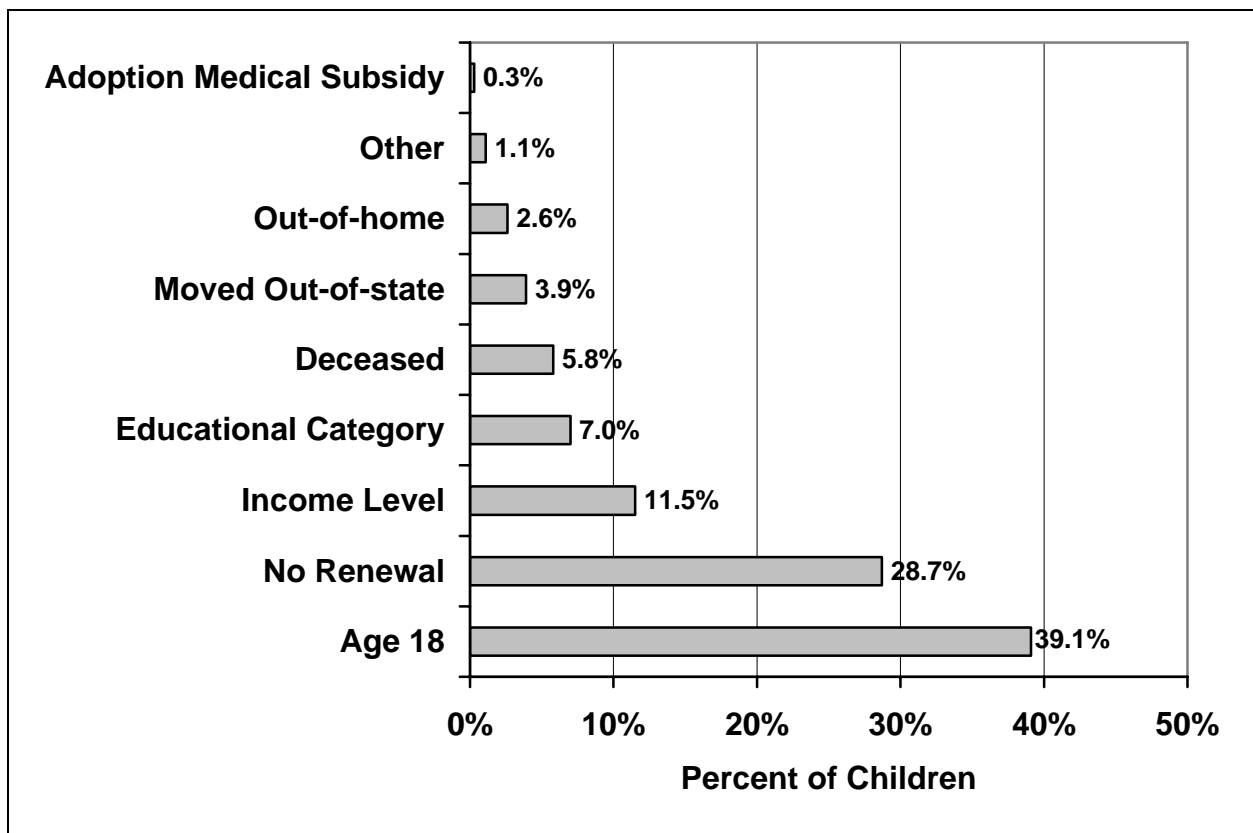
The subsidy has been a tremendous resource to my family. It has allowed me to provide the "extras" such as summer camp and recreational sports with financial ease. These activities greatly impact the mental, social, and physical growth and development of my special needs child. Thank you!

A Family Served by Livingston County Community Mental Health Authority

❖ **A total of 814 children left the subsidy program in FY05.**

Children leave the subsidy program for several reasons (Figure 19). The most frequent reason for children leaving the subsidy program in FY05 was children reached age 18 and were no longer eligible (39.1 percent). Just over one-fourth of the children left the program because their families did not renew their enrollment (28.7 percent). One-quarter (25.3 percent) of the children who left the program did so because their family income became too high, their family moved out-of-state, their educational category no longer met eligibility criteria, were placed out-of-home, or received the adoption medical subsidy.

**Figure 19 Reasons Children Left the Subsidy Program in FY05**



## Annual Evaluation

### ❖ Subsidy program evaluation.

Each year, the department gathers information from four sources to satisfy the reporting requirements of the Subsidy Act: (1) community mental health services programs' annual subsidy reports, (2) follow-up reports on children leaving the subsidy program due to out-of-home placements, (3) a family questionnaire sent to parents annually, and (4) enrollment information from the department's family support subsidy data base. In FY05, the annual family questionnaire was returned by 33.1 percent of families.

### ❖ Subsidy families represent a wide range of income levels and ethnic backgrounds.

Demographic characteristics of the sample of families responding to the family questionnaire compared to all families in the program are presented in Table 1. All the characteristics except ethnicity were similar. African American families are under-represented and Caucasian families are over-represented compared to their corresponding proportion in the program.

I would like to thank our worker. She has helped us greatly. She introduced us to all the programs you offer. We are now checking into respite care for our son. Any amount of money and information you offer us is greatly appreciated and I am very happy with all of your employees I've met. They have all helped us greatly.

A Family Served by Pathways

I would just like to say how beneficial the program is for my son and myself, how it enables the both of us to have free time without each other. It's a blessing to have someone to come and spend time with my son to give me a break so that I can do some much-needed things.

A Family Served by Oakland County Community Mental Health Authority

We think this program is truly a great one. Without it we would truly struggle just to make it sometimes and this way I don't feel guilty getting her stuff I normally wouldn't. Thank You!

A Michigan Family

**Table 1 Characteristics of Families Receiving the Subsidy in FY05**

Characteristics	Percent of Families Responding to Questionnaire	Percent of All Families in the Program
Age of child in years		
3 or younger	4.9	6.8
4 to 6	19.4	19.0
7 to 11	37.5	35.7
12 to 17	38.2	38.5
Mean age in years	9.9	9.8
Standard deviation	4.2	4.3
Gender of child		
Male	71.5	70.7
Female	28.5	29.2
Not reported		0.1
Ethnicity		
Native American	2.3	1.4
Asian or Pacific Islander	3.3	1.3
African American	11.9	21.5
Hispanic	1.3	3.0
Caucasian	76.1	63.6
Arab American	0.0	0.8
Multi-ethnicity	5.1	5.8
Not reported	0.0	2.6
Educational eligibility category		
Cognitive Impairment	10.1	9.8
Severe Multiple Impairments	33.9	35.4
Autism Spectrum Disorder	56.0	54.8
Taxable income level		
\$45,000 to \$60,000	19.2	13.3
\$20,000 to \$44,999	38.2	34.2
\$19,999 or less	42.6	52.5